

# **EXHIBIT A**

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2006**

This Form is Open to  
Public Inspection.

### Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning 07/01/2006, and ending 06/30/2007,

- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☐ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

### Part II Basic Plan Information — enter all requested information.

<b>1a</b> Name of plan UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION FUND	<b>1b</b> Three-digit plan number (PN) ► 001
	<b>1c</b> Effective date of plan (mo., day, yr.) 12/10/1957
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION FUND  STATE TOWER BLDG. SUITE 1103  SYRACUSE NY 13202-0000	<b>2b</b> Employer Identification Number (EIN) 15-0612437
	<b>2c</b> Sponsor's telephone number 315-422-3232
	<b>2d</b> Business code (see instructions) 311800

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN  
HERE**

**COPY**

Date

Type or print name of individual signing as plan administrator

**SIGN  
HERE**

Signature of employer/plan sponsor/DFE

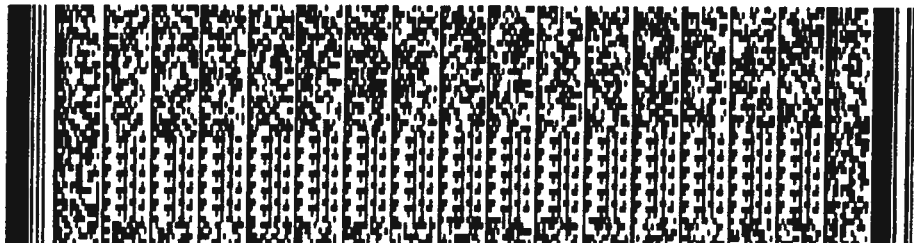
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v9.0

Form **5500** (2006)



Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),

6057(b), and 6058(a) of the Internal Revenue Code.

► Complete all entries in the instructions to the

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2007**

This Form is Open to  
Public Inspection.

### Annual Report Identification Information

For the calendar plan year 2007 or fiscal plan year beginning 07/01/2007

- A This return/report is for: (1) ☒ a multiemployer plan;  
(2) ☐ a single-employer plan (other than a multiple-employer plan);

- B This return/report is: (1) ☐ the first return/report filed for the plan;  
(2) ☒ an amended return/report;

- (3) ☐ the final return/report filed for the plan;  
(4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☒

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☐

### Basic Plan Information — enter all requested information.

1a Name of plan  
UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY  
PENSION FUND

1b Three-digit  
plan number (PN) 001

1c Effective date of plan (mo., day, yr.)  
12/10/1957

2a Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
UPSTATE NEW YORK BAKERY DRIVERS AND  
INDUSTRY PENSION FUND

2b Employer Identification Number (EIN)  
15-0612437

2c Sponsor's telephone number  
315-422-3232

2d Business code (see instructions)  
311800

STATE TOWER BLDG. SUITE 1103

SYRACUSE

NY

13202

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**COPY**

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE

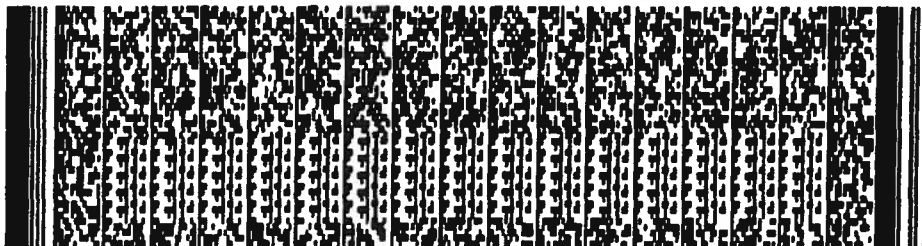
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v10.1

Form **5500** (2007)



**COPY**

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2008**

This Form is Open to  
Public Inspection.

**Annual Report Identification Information**

For the calendar plan year 2008 or fiscal plan year beginning 07/01/2008, and ending 06/30/2009,

A This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☐ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_

B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☒

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). ☒

**Basic Plan Information** — enter all requested information.

1a Name of plan  
UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY  
PENSION FUND

1b Three-digit  
plan number (PN) ► 001

1c Effective date of plan (mo., day, yr.)  
12/10/1957

2a Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
UPSTATE NEW YORK BAKERY DRIVERS AND  
INDUSTRY PENSION FUND

2b Employer Identification Number (EIN)  
15-0612437

2c Sponsor's telephone number  
315-422-3232

2d Business code (see instructions)  
311800

STATE TOWER BLDG. SUITE 1103

SYRACUSE

NY

13202

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

  
Signature of plan administrator

3/09/10  
Date

KATHLEEN S MECK  
Type or print name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE

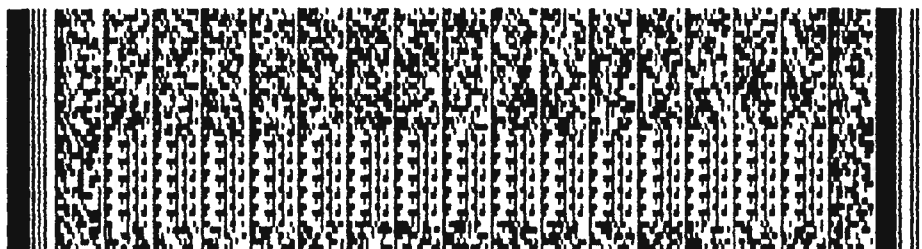
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3

Form **5500** (2008)



<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  This Form Is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>		
For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>		
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b> If the plan is a collectively-bargained plan, check here. ....	<input checked="" type="checkbox"/>	
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information—enter all requested information</b>		
<b>1a</b> Name of plan <u>Upstate New York Bakery Drivers and Industry Pension Fund</u>	<b>1b</b> Three-digit plan number (PN) ▶	001
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>Upstate New York Bakery Drivers and Industry Pension Fund</u>  <u>State Tower Bldg. Suite 1103</u>  <u>Syracuse</u> <span style="float: right;"><u>NY</u> <u>13202</u></span>	<b>1c</b> Effective date of plan	12/10/1957
	<b>2b</b> Employer Identification Number (EIN)	15-0612437
	<b>2c</b> Sponsor's telephone number	(315) 422-3232
	<b>2d</b> Business code (see instructions)	311800

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		<u>4/08/11</u>	Kathleen Sweeney Meck
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)  
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